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(Shaded areas are for use of procurement office only)

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<b>EPA Procurement Request/Order</b>		1. Name of Originator Paul Peronard		2. Date of Requisition 4/16/92	
		3. Mail Code	4. Telephone Number (404) 347-3931	5. Date Item Required	
6. Signature of Originator <i>Paul Peronard</i>		7. Recommended Procurement Method <input type="checkbox"/> Competitive <input type="checkbox"/> Other than full and open competition <input type="checkbox"/> Sole source small purchase			
8. Deliver To (Project Manager) Paul Peronard		9. Address 345 Courtland St. N.E. Atlanta, GA 30365		10. Mail Code	11. Telephone Number (404) 347-3931
12. Financial Data 68-20X8145	a. Appropriation		b. Servicing Finance Office Number USEPA - Region IV SFO22		NOTE: Item 12(d) Document Type — Contract = "C," Purchase Order = "P"
FMO Use (c) (13 digits)	D T (d)	Document Control Number (e) (6 digits) DH0079	Account Number (f) (10 digits) 2TFA4ADEXR	Object Class (g) (4 digits) 25.35	Amount (h) Dollars \$50,000 Cents 00
13. Suggested Source (Name, Address, ZIP Code, Phone/Contact)			14. Amount of money committed is: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Increase <input type="checkbox"/> Decrease		15. For Small Purchases Only: Contracting Office is authorized to exceed the amount shown in Block 12(h) by 10% or \$100, whichever is less. <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Approvals					
a. Branch/Office ERRB Superfund/ Myron D. Lair		Date 4/17/92		d. Property Management Officer/Designee	
b. Division/Office Waste/ Joseph R. Aranzamates Dir.		Date 4/24/92		e. Other (Specify) Budget/ Fred Williams	
c. Funds listed in Block 12 and Block 15 (if any) are available and reserved. (Signature of Certifying Official) <i>Carla E. Campbell</i>		Date 4-23-92		f. Other (Specify) <i>Carla E. Campbell</i> R. Administrator/ Greer C. Tidwell	
17. Date of Order	18. Order Number 4005-E4-007		19. Contract Number (if any) 68-S1-4005		20. Discount Terms
21. FOB Point		22. Delivery to FOB Point by On or before (Date)		23. Person Taking Order/Quote and Phone No.	
24. Contractor (Name, address, ZIP Code)  Four Seasons 3107 South Elm-Eugene Street P.O. Box 16590 Greensboro, NC 27416			25. Type of Order <input type="checkbox"/> a. Purchase Please furnish the above on the terms specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. <input type="checkbox"/> b. Delivery provisions on the reverse are deleted. The delivery order is subject to the terms and conditions of the contract. (See Block 19) c. <input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Confirming		
26. Schedule					
Item Number (a)	Supplies or Services (b)	Quantity Ordered (c)	Unit (d)	Estimated Unit Price (e)	Amount (f)
	Initial funds needed for a Removal Action at the NOAT Farm Site (#XR), located in <del>Greenville, SC</del> Gowensville, SC				\$50,000
27. United States of America By (Signature)					
28. Typed Name and Title of Contracting Officer <i>Carla E. Campbell</i> Submit 4/27/92					

Chw 4/29/92

4/16/92



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

# DELIVERY ORDER FOR EMERGENCY RESPONSE CLEANUP SERVICES

(This delivery order is issued subject to all terms and conditions of the contract identified in Block 2.)

1. DATE OF ORDER 4/3/92		2. CONTRACT NUMBER 68-SI-4005		3. ORDER NUMBER 4005-F4- 007	
4. TIME OF INITIAL ORDER (If initial order was verbal) (Specify Time Zone)  9:00 EST <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		5. DELIVERY ORDER CEILING AMOUNT (Obligated Amount) \$50,000.00			
		6. ACCOUNTING AND APPROPRIATION DATA			
		Appropriation Number 68-20X8145	Document Control No. DH0079	Account Number 2TFA4ADEXR	Object Class 25.35
7a. ISSUED TO: CONTRACTOR (Name, Address, and ZIP Code)  Four Seasons 3107 South Elm-Eugene Street PO Box 16590 Greensboro, NC 27416-0590		8a. ISSUED BY: ORDERING OFFICE (Name, Address, and ZIP Code)  US-EPA, Region IV Emergency Response and Removal Branch 345 Courtland Street, NE Atlanta, GA 30365			
7b. PROGRAM MANAGER (Name and Phone Number)		8b. EPA REGION/USCG DISTRICT Region IV		8c. ZONE II	
7c. RESPONSE MANAGER (Name and Phone Number)		8d. ON-SCENE COORDINATOR (Name and Phone Number) Paul Peronard 404-347-3931			
9. RESPONSE LOCATION (Site Name and/or Address and ZIP Code)  MOAT Farm Highway 14 Gowensville, SC		10. CONTRACTOR REQUIRED ON SITE (Date and Time) (Specify Time Zone) 4/4/92 8:00 EST <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
		11. REQUIRED WORK COMPLETION DATE 5/1/92			

## 12. STATEMENT OF WORK

The Contractor shall furnish the necessary personnel, materials, services, facilities, and otherwise do all things necessary for or incident to the performance of the work set forth below:

1. Overpack drums and containers
2. Catalog and sort chemicals by compatibility
3. Provide repair to site gate to secure site
4. Post signs identifying site as hazardous
5. Detonate unstable explosive material
6. Provide other duties as directed by the OSC.

## 13. ORDERING OFFICER

NAME/TITLE Paul Peronard, OSC	SIGNATURE 	DATE 4/15/92
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